

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578389

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | 5 | ↓ | 4 | ↓ | 0 | ↓ | |
| TOTAL DEP. | 28 | ← | 22 | ← | 0 | ← | |
| TOTAL CLAIMS | 33 | | 26 | | 0 | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ | |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← | |
| TOTAL CLAIMS | 0 | | 0 | | 0 | | |